Introduction and Dr. Sandisonu2019s Background

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This is Dr. Talks. Welcome back to the Global Energy Healing Summit 2.0. I'm your host, Jason Paul. And with me today is someone that I've gotten to know recently pretty well.

Her name is Dr. Heather Sandison, and she's the founder of Solicerae Health Clinic and Mirama. the first residential care facility for the elderly of its kind.

At Solicere, Dr. Sandison and her team of doctors and health coaches focus primarily on supporting patients looking to optimize cognitive function, prevent mental decline, and reverse dementia by addressing root causes of imbalance in the brain and the body.

She was awarded a grant to study an individualized integrated approach to reversing dementia and is a primary investigator on the ITH and CLR, which I'm told is I think cleared clinical trial.

At Murama, Dr. Heather Sandison has created an immersive residential experience in the lifestyle proven to best support brain health. She understands that changing your diet, adding nutrients, creating community, and optimizing a healing environment are all challenging even for those with full cognitive capacity.

At Marama, she's done the work for you. All you need to do is show up. She is also the host of the Reverse Alzheimer Summit and Collective Insights podcast where she works to share what is possible for the suffering with dementia.

Well, Heather, welcome. Good to see you! Thanks, Jason. So I'm curious how you actually kind of decided to focus on the brain. Um, this is an area that I think there's been a lot of controversy actually recently with the research that has come out around Alzheimer's and dementia.

And there has been some sort of pioneering work done over the past, let's say 10 years or so. I know you were sort at the forefront of that with some others like Dr.

Dale Bredesen and some other big names. So how did you kind focus in on. Yeah, you know, this work sort of found me, if you will. I was curious and interested and intimidated by this idea that there was potentially something that we could do about Alzheimer's and dementia.

Even today, neurologists will tell their patients, I'm sorry, we just don't have anything for you. Here are some drugs, they don t work very well, things like Aricept and Namenda.

and, you know, kind of put your affairs in order and we'll see in six months and will just measure the decline. This is really depressing and especially for me to hear patients still reporting that this is their experience with highly, very well-educated neurologists because from my perspective, there's almost an overwhelming amount that we can do to protect our brain and certainly prevent delay and even reverse Alzheimer's.

And so the reason I got into this was I saw, you mentioned Dr.

Why She Focused on Alzheimeru2019s and Dementia

Dale Bredesen, I him give a talk that was highly intriguing to me. He was essentially saying, with a disease as complex as dementia is, let's throw everything at it.

Let's take all of functional medicine and give our patients the best that we can to reduce toxins and increase nutrients and get them on hormone replacement and really optimize cell function.

And what he was describing made sense to me. Like from a complex science perspective, we need an intervention that matches the complexity of the disease that we're treating.

And so, although I was very skeptical, I had been told over and over, like most of us have, that there was nothing you could do for Alzheimer's, i was intrigued enough to go to his training.

Well, once I finished his, training I, was on the list of providers that had, been trained by him and very enthusiastic patients started showing up, who had read his book, The End of Alzheimer.

And then what I saw next was just absolutely miraculous. And there was no way that I couldn't devote my career to changing the narrative around Alzheimer's when I repeatedly saw people with severe Alzheimer coming into my clinic and getting better.

Now, when they were more severe, I didn't see them going back to work. But when I saw what was possible for my first few patients, where they are able to change things measurably, consistently, and really change the quality of their life and their interactions with their spouses and children, that made me sure that if we could do that for people with severe dementia, what could we be doing?

How much suffering was unnecessarily happening for those people at those earlier stages that we can probably pretty easily prevent? Yeah, I love it. And it's one of those brain health is such a tricky thing in the sense that, you know, if I have issues with my liver or my knees or any other part of the body, the brain and the executive function and all the reasoning and cognitive faculties come into play with respect to how do I work with that?

When the brains starts to go, when you start getting depressed or you lose motivation or. You have unbearable anxiety or your forgetting things. It is a really challenging thing to sort of unwind partially because it gets progressive enough.

Then you, you actually need kind of a team around you to help execute the plan. Right. And I've seen my, my great grandma go through this first when I was really little, went through dementia.

I don't know if she was officially classified as Alzheimer's a little too young to recall, but I do remember. the implications and what was happening, you know?

I mean, it was really hard to watch. And then my grandmother went through this as well. So I've seen this a number of times and it's one of those things.

I guess first, before we get down to how do we reverse it, because that's a big thing that is actually quite controversial in the traditional medical community, which is funny.

But what are some of the things that we can think about when it comes to brain health and how to preserve brain? Right. So, you know, this is the Global Energy Healing Summit.

And so it would be remiss if I didn't mention that the brain is about 2% of our body weight but uses more than 20% energy expenditure in our bodies per day.

This is an organ that's using a ton of energy, requires a lot of ton energy. A lot what it comes down to is can the body produce enough energy to create those memories, you know, go back and reach into the brain and find that name or that word, or figure out how to cook a meal, how get where we're going in a new city, maybe.

And also, depression and anxiety can come from poor energy, and depression, anxiety are related to increased risk of dementia. So how do we get enough energy in the brand?

This is really can be, Dr. Bredesen refers to this as the fundamental cause of dementias, potentially energy utilization. And so we can start to break down these causes and these primary causes.

I always think of these as primary and secondary. So thyroid, that's usually a secondary issue, although it can have an effect on brain function. Typically, something throws the thyroid out of balance.

is in this primary causal level layer.

Core Causes of Brain Decline

And those things directly impact energy production in the brain and utilization. So these are things like toxins. Toxins, and again, Dr. Bettison, he uses this phenomenal example.

If our brain is like a country, my brain, if we are using our energy to fight and defend against toxins or infections, then we're not going to be using our energy to put into infrastructure, to building those pathways and collecting those memories and dialing them in and being able to retrieve them.

We're going really focusing on using that energy on getting rid of the toxins and getting the infections. And so we want to assess for those things. So toxins, toxic burden, and I think of this in like three flavors, like ice cream.

You've got your metal toxins. Your mycotoxins or biotoxin that are made from fungus typically or molds. Then you have your chemical toxins things like petrochemicals or glyphosate, which is found in Roundup.

Things like parabens and PCBs. that are found in chemical, like beauty products or cosmetics. And then, of course, your pesticides and herbicides outside of glyphosate.

So things found water, potentially. All of these things we can measure. We can get a sense of the total toxic burden on the body, and that's going to, again, require resources that will reduce the amount of energy in the brain.

And then we wanna, so toxins, nutrients, do we have enough nutrients or do have too much of particular nutrients? So blood sugar is a big piece of the conversation here.

As we get older, as we need energy in our brain still, and we're not as good at turning glucose into ATP or that currency that our cells run on. And so one of ways to get around that is to switch up the fuel and use ketones or fats for fuel instead.

Then additionally, when we think of nutrients, if we have excess glucose, this is going to cause a big problem. We're not going have good energy utilization.

But if don't have enough of things like B12 or CoQ10 or the laundry list of vitamins and minerals that we can take as supplements or get from our food, then that's going be an issue.

but we also need to think about gut health. Are we able to digest and assimilate? So yes, maybe we're eating the right things. But then are we able to get those things into a functional gut, into our bloodstream and have it delivered to cells where the rubber meets the road and things really happen and we can turn that into fuel.

So toxins, nutrients, stress. This is that connection between depression and anxiety. and dementia. If we are spending our time and our energy and efforts going down these destructive pathways that are, you know, depressive and pessimistic, then that has a huge impact on our brain.

And not all of this is biochemical, but some of it is. Some of is just habit, right? If we have a positive association with aging, this comes out of the work by Becca Levy in a book she wrote called Breaking the Age Code.

She showed that people with APOE4 status, which is a structural component, a genetic component that can increase our risk of dementia, if they had a POSITIVE association of aging they completely eliminated their genetic risk for Alzheimer's.

Hey, hold on. This is crazy. I haven't heard this research. It's actually really fascinating because this AboE4-44, this is big thing, right? And people get genetic tests and they get these results back and I think we've been conditioned a lot in this sort of medical community And even in the patient world that says, when you have these markers, your risk goes up for Alzheimer's.

It just, it's skyrockets, right? So it creates this ton of fear, kind of like the BRCA gene with breast cancer. Its kind like, the same mentality that's been inculcated in us.

And what you're saying is there's a way around this. 100% there's a way around this every time. So the numbers that you're talking about, so the typical person in the US has a 13% chance of developing Alzheimer's.

This is a little bit over 1 in 10. Now, the people who have APOE 4-4, you get one copy from mom and one from dad. You have two of them and your options are either 2, 3, or 4. If you have 2 4s, you have a 1 in 2 chance or a 50% chance of being diagnosed with Alzheimer's.

Now, this is your later onset. This isn't in your 40s and 50s. Usually postmenopausal for women over 65 is typically when this going to happen, but it's still a very high likelihood in this big chunk of your life, 1 and 2. And then people who have a 3-4, which is, you know, relatively common, they have 1 in 3 chance.

So not as high as the 4- 4, but still a significantly increased from 13% to about 33%, 30 to 33%. And so how we want it, we obviously want this to be empowering, not terrifying.

who find out through 23andMe or some other tests that they have an ApoE4. And they are so concerned. Well, that concern does not help you, it actually hurts you.

What you want to do is channel your inner Betty White. You want it to think about someone who you respect and appreciate, who's older than you who is having a blast.

in that later stage of life that's connected, that doing new and fun things, enjoying their grandkids or great-grandkids, you want to channel that person and create a positive association with aging.

You also want a repository for all of the wisdom and experience that you've gained. And keeping engaged is really a big part of this. So Becca Levy's work, it comes out of studying cultures where there is a reverence for the aged people among them, right, in that society.

So Confucius cultures like the Japanese and Chinese, but not just in Asian communities, also in the American deaf community, which deaf people in The US tend to have hearing parents and so they create tight connections with other people In the deaf Community.

And in That culture, there as a reference again, a respect for their elders. And what we see is that hormones don't drop, and if people have APOE 4-4 status or 3- 4 status, they get rid of the genetic risk associated with developing Alzheimer's.

It's just mind-blowing and really reinforces this idea that our thoughts become our reality. and it's really important to take responsibility for them.

Okay, so we talked about toxins, we talk about nutrients, about stress, and how this mindset is so important. But also, you know, getting enough, it can be too much or too little.

If we don't get any exercise, if we retire and sit on the couch and watch Netflix and eat ice cream, We're not getting any movement. That lack of stress is going to be an issue.

We want enough stress but not so much that it is detrimental. And also from a structural perspective and a stress perspective, sleep. Sleep is so important and critical for brain health.

We see from the trials, epidemiological studies, people in their 30s, 40s and 50s who have chronic sleep deprivation, they actually have an increased risk of developing Alzheimer's later in life.

And what we see is the beta amyloid plaques that we all make regularly. they will accumulate in just one night of sleep deprivation. So you can imagine that over time, this is accumulation on top of accumulation.

We have protein misfolding in the brain that's associated with cognitive decline. If we talk about toxins, nutrients, stressors, structure. In structure, we have the molecular structure we were just discussing, the APOE4 characteristics, but we already know that there's lots we can do about that.

And then we also have kind of the, you know, my hip bones connected to my leg bone, macrostructure that we might think of if we're seeing an orthopedist or a chiropractor, we need to be able to get blood flow from our, from the rest of our body up into our brains and then back out.

We also need be to able get oxygen to our brain, particularly at night. So obstructive sleep apnea is something really, really critical to evaluate for and then to treat.

And I'm quite aggressive in this. So even if sleep medicine is saying, oh, it's very mild, you don't need to get a device, either a CPAP, an APAR, or an oral dental device.

I say, no, any sort of sleep apnea at night as a brain doctor is essentially that is brain damage. mild brain damage. I don't believe that there is such thing.

Any brain damaged, if you have cognitive decline, I want to deal with aggressively and right away. And I have a patient, and I just saw her last week.

She's being supported by her son and she came in with a MOCA. A MOC is the Montreal Cognitive Assessment. This is one of the ways that we measure cognitive function.

Her MOCO was a six. So this is severe dementia. As perfect is 30 and normal is over 26, she had a 6. She's lost her independence, you know, she's struggling to communicate.

Well, 10 months later, one of the primary interventions that we did was treat her apnea. She is now a 13 out of 30. And her son had said, I caught my mom back.

She's engaging, she's talking. He told me the story of the night before. She knew where the carrot peeler was. she got the Carrot Peeler, peeled the carrots, and then put the caret pealer into the dishwasher.

That sequence of events would have been impossible for her just a few months earlier. And because of treatment of apnea, getting her on the supplements, doing everything that we did, giving her more movement, all of these things improved her mocha.

measurably in her quality of life profoundly. The last thing on my list of causal factors is infections.

APOE4, Mindset, and Aging Positively

And there are a handful that are really well known to directly impact cognitive function, and that's oral periodontal disease, things like gingivitis.

Then also Lyme, the Lymes spirochete can cause neurodegeneration. Herpes, herpes simplex one and two, can directly cause neural inflammation that can lead to beta amyloid plaque formation and dementia.

And then, of course, COVID, we saw a lot of people with COVID having long-term brain fog or measurable decline in their cognitive function. So there's things that we can do about all of those at a very causal level.

We can intervene and then see improvements not only in brain health, but typically across the board in terms of health health. Yeah, I mean, it's interesting when you talk about infections, right?

Because there's things that we have studied and the research has demonstrated. And then undoubtedly there is this whole other swath that the researchers hasn't documented, like does human T lymphotrophic virus cause brain inflammation?

Probably if it is in certain areas, so there probably is so much we don't know. My point to that is not to create a bunch of fear around infections but as we support the immune system, as we support the entire body systems as a whole, now we're correcting and we are providing protective care against any and all infections.

What I'm hearing from you is that in order to prevent brain degeneration of all kinds, to preserve brain health and cognitive function, as well as to even reverse some of these things once they've started to set in, it's a holistic approach that involves pretty much everything, right?

And that really seems to be the key to all of this, including having a positive mindset, which many of us may be more skewed toward the doom and gloom, toward to fear, towards the negativity bias.

We all tend to have this negativity by us around the world. It's the safety mechanism, but some of because of our experiences are maybe more Skewed towards negativity than others.

And so that's something we can actually consciously look at and start to recognize it. And again, I had no idea that affected, that I didn't know there was data against this sort of APO4 gene.

I mean, knew about exercise and some of these other things and sleep of course, but that is really cool that we have data on that to basically down-regulate or to not express that gene characteristic.

I'm also kind of what I am hearing in the background, what i know about the brain is, this is all mitochondrial related, right? That's why the energy, that's where the brains require so much energy.

And so what you're expressing to me seems like all this stuff is related to mitochondria health. So maybe just give us a little bit of information on that, how mitochondrion play a role and maybe tie this all together for us on sort of that more deep science level.

Mitochondrial level, yeah. I want to double click on the infection piece really quick because I mention it last by design. So I really believe that if we have our toxins, nutrients, stressors, and structural components of our health dialed, then many of us in the first world, we don't have to worry too much about infections.

Now, if go to Mexico and we drink the water, of course, that's going to be an issue. And then in in a context of herpes, this is something we want to aggressively treat.

If we're at risk for Alzheimer's and and you see that from epidemiological data out of Taiwan, those who aggressively treated with antivirals are less likely to have Alzheimer's than those who don't with herpes.

So there are a couple components there that are specific to brain health. However, generally speaking, we can reduce that infectious burden just by having those other areas of our health optimized.

There is a whole concept here that I love to introduce around hormesis, and I know you're very familiar with this. But essentially, there's a few ways that we can increase the positive effects of stress on the system by using this hormetic effect.

The idea here is that if we stress a system, not so much that it decompensates, but below that, we get an

improvement in resilience. And part of that resilience that we did is an increase in mitochondrial density per cell so that were able to produce more energy in each cell day to day.

And it's a little easier to do that, right? And this makes sense, if I think in 1968 the Olympians were training up at altitude in Lake Tahoe and they did that to increase erythropoietin so that they would have more red blood cells.

So you restrict oxygen and through that you have the body's hormetic response creates more resilience and more capacity in the system. This is true with exercise.

So, right, we stress the body a little bit, and it becomes more resilient. You build those muscles, you build that strength, that cardiovascular capacity and view to max.

There are things that we can do with more capacity after stressing the system in a targeted way. So we can do this with exercise, we could do with hot and cold therapy, right?

And particularly with dementia, with depression and anxiety, We see that people have improved mood when they go back and forth from maybe a sauna or a hot tub or some kind of warm environment to a cold plunge or maybe even an ice bath if you're feeling especially adventurous.

And doing this regularly improves mood, improves certainly detox, and again we're using that hormetic effect.

Sleep, Structure, and Infections

And many of us, you know, I've certainly been guilty of this, of going from my 73 degree house to my 72 degree car to 73 degrees office and never stressing my system.

And then we lose capacity to do that. We stop having the ability to sweat, which is a primary detox pathway. And so getting our bodies back in these rhythms of a little bit of stress to build capacity is a great way to improve mitochondrial function.

So again, we can do this through heat and cold. We can through this exercise. And then we can also do this with oxygen, as I mentioned. You know, going up to elevation is one way to do that.

But we also can do it with a mask. We can deplete oxygen or deprive the body of oxygen. This creates an increase in the diameter of our blood vessels through CO2 as a vasodilator.

And we then can deliver concentrated oxygen and through all of these hormetic effects, through this stress to build resilience, we get an increased mitochondrial density.

which is a way to increase cell function. Yeah, I love that. So just kind of recap, what I'm hearing is we create this adaptive effect, right? With just the right amount of stress on a regular basis, we can adapt to that level of stressed.

And these mitochondria are basically like batteries, so we're actually building a bigger battery inside our cell. Of course, our brain is the most mitochondrial-dense, energy- dense organ, and energy demanding.

And they have little energy reserves. That's what's interesting is that it requires so much energy and there's not a lot of reserves, so it's going to have to be on demand.

We need a healthy mitochondria. And when we have that, we had this amazing battery source of energy in the brain. And going back to kind of what you said at the beginning, We can use that battery power to either sort of clean up, fight infection, get rid of things and defend.

Or we can us it to power the cell and do some necessary tasks. So they're not totally separate. There's definitely a lot going on. It's an interesting, I mean, that is very clear to me, right?

That when we have a lot of power, we got a lotta energy that we can use, then we do the things that want to do, and the executive function that were requiring is no problem.

So well said. Yeah, so we don't need a lots to defend and start to clean up, but we'll have lot to use. I'm curious, how do you… How do you start this process?

You know, if somebody has dementia or Alzheimer's and they're at some point on that scale where they can't quite, or maybe they even have certain level of depression or they just kind of this apathy, right?

They just don't want them to get going, like there's this resistance to it because of neurotransmitter function or whatever's going on. How you work with people to sort of start unwinding that process because it can be quite difficult.

Yeah, it really can be. I mean, this is really why I created Murama. But I was seeing that patients in my clinic had the ability to get better from cognitive decline consistently unless they couldn't put the plan into action, right?

It doesn't work if you don't do it. And so Murana really came out of like, okay, how do we create a controlled environment where people can just land and we've done it for them and they don' have to think about it?

There's good food that's on this organic ketogenic diet. The environment's non-toxic, there's community built in, There's lots and lots of exercise and physical movement and creativity and music and all the things that we know, meditation, all of the thing that you know that are good for a lifestyle in terms of brain health, it's all right there.

And then, I mean, you have just this phenomenal question, like what do we do when it is challenging? So there's, you know, health coaching. You mentioned in my bio, I just don't think that there is a higher bang for your buck than getting a health coach who can individualize this, work with you, understands, and you can both learn to understand what motivates you what your drivers are, what's going to help you be successful in implementing this lifestyle.

Now, if we're earlier on in the disease process, doesn't take as much. And so that's why I really emphasize prevention. So if your mom had dementia, come in now.

Let's do what Dr. Bredesen calls a cognoscopy, right? You do a colonoscopoe when you hit 50, 45, let's to a cognitive. Look at all of the risk factors for developing dementia.

Many of things that I listed on those five things, that are primary causes, there's tests for them. We can test them, we can understand if they're there and get rid of them now, if you're early on in this disease process and you are younger, my confidence that we can reverse whatever's going on physiologically is much higher.

A lot of people don't realize that the changes in your brain that lead to Alzheimer's, they start happening decades before you ever have a symptom. And so if we could identify those causal factors early, then we do, it's a little less work, a bit less expensive, less time consuming than if you're in full reversal mode.

Now, if we're in full reversal mode and somebody's in their 80s, say, and they've had cognitive changes going on for years and their MOCA score is low, then we need to dive in fully, right?

We need a care team. We needed a spouse or adult child or whoever it is really committed to this process. And they need lot of support and handholding.

Now creating these changes in your lifestyle, this is hard for someone with full cognitive capacity. This is next to impossible for somebody with dementia.

So we need a team in place that can support them. And really one of the things that I think it raises my confidence that we can do this is one, dipping your toe in.

Mitochondria, Hormesis, and Energy Resilience

Yes, do what you can, especially early on. But later on, I just have so much less confidence if we're just going to do a little bit of it. Although to be fair, we did a clinical trial in my office and nobody did everything, right?

They picked and choose from the list of options and they did what they could and 75% of them got better, right? So you don't have to do absolutely everything, but you've got to dive in pretty fully to get these results.

Now, the other component here is that you had mentioned is what if people are like resistant? And many people with Alzheimer's are not aware of their cognitive decline.

They have measurable, severe, significant cognitive declined. And I asked them, so how's your memory? Are you repeating questions? Oh, it's no problem.

No, I don't have a problem with memory. And some doctors will say they're in denial. I actually am of the opinion that it's probably a part of their brain that is affected, that's limiting their ability to have that self-awareness.

When someone is aware of cognitive decline, which does happen as well, it is less often, less common that they are aware, I kind of do like a little happy wiggle because I'm like, sweet, we've got the motivation.

They get it. They understand. And usually, although I don't celebrate that they're terrified, I'm like, all right, let's use that to our advantage. Let's get them on board and get involved in this process as much as possible despite the decline.

Yeah. One, it's interesting too, because from a clinician standpoint notes, It's never good to celebrate what's going on. Um, but I think there's, there there is another side to that, which is that showing your confidence and your ability to sort of like kind of have such.

Yeah, I guess just confidence in this, in the process. Like, okay, yeah, you've got this level of dimension. Here's your focus score. This is great news because we know where to go from here.

We know exactly what to do. Right. That is a different thing than, um, Oh, well, we're just going to give you this medicine and hopefully it doesn't get worse, right?

Come back in a few months and we'll see how you're doing. Like that's just a, it's a totally different paradigm. So I just want to reflect that, that when you start to recognize what's happening and you started seeing people get better, there is a recognition on the other side as a clinician going, Hey, actually we are okay here.

You know, yeah, this isn't ideal, but we're okay. We know where to go. I'm curious about some of these other things that if we have any data on things, you mentioned a couple of things like music.

You mentioned thoughts and just the ability to have a positive mindset. But meditation, music, some these like random kind of new agey slash really old ancient techniques, breath work, right?

Like, do we any scientific data when it comes to dementia, Alzheimer's? any of the Parkinson's, any sort of brain degeneration. What does that data look like and what are you experiencing in your clinic?

Tons of data. I mean, it's wild, the amount of that there is on, let's just take meditation, for example. So Kirtan Kriya is an example, and hopefully this will go in the show notes because I know that's a hard one to spell, so we'll put a link.

But what we do at Murama, is it is a 12-minute meditation. It's Sata Nama. And there's component with your fingers where you're connecting your finger in a certain pattern.

and then you're just repeating this mantra of satanama. And it's only 12 minutes. This is totally free. The data on

this is so compelling. So this not only good for the person with dementia, regardless of the severity.

Mild cognitive impairment, subjective cognitive impairments, severe dementia. It doesn't matter where you are on the spectrum. it improves almost everything, including telomerase, which is one of those things associated with longevity.

Telomeres are genetic information. And it improves the integrity of our DNA, of genetic information in terms of what we need for cell replication, which we do until the day we die, right?

We have new cells. And so the immune function improves, cortisol goes down, so our stress scores go down. Most importantly, our quality of life scores goes up and our activities of daily living.

This is being able to use the bathroom on your own, being to get dressed on you own. This people's ability to maintain some vestige of independence even in severe Alzheimer's.

These things go up, they improve with 12 minutes a day of Kirtan Kriya meditation. The other really important thing with meditation and in compassion, there's literature on compassion as well as self-compassion and compassion for others, is caregiver burden of this disease.

So with Alzheimer's and dementia, it isn't just the person with dementia who's suffering. All of the people who love them are on that path of a long goodbye, of losing their loved one, not physically, but their personality, that person that they fell in love with as a spouse or that And that caregiver, especially if they're the one providing that day-to-day care of helping them go to the bathroom, of help them remember to get to their doctor's appointments and reminding them to exercise and helping the eat and dress and all of these things, that care giver has a very, very high risk of developing dementia later in life.

So that risk when we measure it is anywhere from 250% to up to 600% increase in risk developing of dementia in your life as a caregiver.

Treatment Approach, Coaching, and Early Intervention

And this is because of the stressors associated with caregiving. The risk is highest for male spouses of a female dementia patient. And so what we want to do is reduce that risk, and Kirtankriya is a phenomenal way to that.

It measurably reduces caregiver burnout and burden, as does self-compassion. And so at Murama, we encourage all of our staff to stop what they're doing.

There's always dishes to be done, there's also laundry to fold, and there is always something to do when we're caring for people with dementia. However, just stop for 12 minutes.

Join the residents doing Kirtan Korea. And what we see is that the entire mood changes. Everyone is more patient, everyone is happier, every one is calmer, residents and staff alike.

And so I just highly encourage people to take this 12 minutes and make it a sacred ritual. Do it every day routinely and you will notice the differences.

We have coaching clients and they come back and tell us, we started it. It's, it's we're doing it everyday and it has already transformed our lives. That's amazing.

And what I've learned working with people is that if anything's powerful enough to reverse a condition or a set of symptoms, then it's that much more powerful in preventing symptoms.

Right. So I think sometimes we think, okay, well I'm, I don't have dementia. I'll have memory loss. This stuff is good to do even in your 40s and 50s, right?

Before we get down that road, this is really, really amazing stuff. And one of the things I remember from the Human Longevity Project, we were in Okinawa in an assisted living facility.

What was cool was that there were some people that lived off off campus, so to speak, and then they would come in, whether they need a bath or needed some assistance, they will do that too.

So they could come and even though they weren't living there. I thought that was really interesting. There's this kind of this communal support, this like open door policy, It was actually quite embarrassing and really funny at the same time.

They did a lot of this like dancing and they did dress up and had like these kind of plays and brought me up on stage as well. So I was onstage like a 70, 80, 90 year old and we're all in costume and I'm like, dancing around and you know, it's like to music that I am super not familiar with.

And they all got the biggest kick out of it and were doing karaoke. Yeah, like they were singing karaoke, they're dancing. They were doing these plays and goofing around, kind of putting on these skits.

And then the other thing that they are doing, especially for the people that are really old and that weren't able to move as well, They'd be in their chairs and it was kind like this audience and they would have these sticks, right?

And they will do these like movements, these coordinated like exercise movements. They were, it was to music and it wasn't coordinated, right? So it's like this neuromuscular and was primarily not necessarily for exercise, but for, uh, executive function from brain function, maintaining that, that neuro cognitive ability.

Right. So these are just some, some of the takeaways that I recall because, you know, I've been in a few assisted living facilities in the States, my grandparents were in them and.

The food is horrible. It was just pure processed carbohydrate loaded nonsense. You go in and you just feel like you want to die. Like it's an exit facility more than anything.

it is not a living facility in any way. And yet when I was in Okinawa, totally different vibe, right? It's was laughing, it was joy, singing, dancing.

It was so much more than what I found. And then what, I come across in the States may not be typical. I don't know. But, but I have been in a few and it's a very different experience.

So what you're, what are you saying rings true just based on the experience that I asked. Yeah, there's so many directions to go from that. So community is one of these really important components to preventing cognitive decline.

The Lancet, which is a very reputable journal out of the UK, published in the summer of 2020 an updated commission report on Alzheimer's and dementia, and they listed 13 modifiable risk factors, right?

So these are things that we can change. We can't change our gender, we can change your age, but we CAN change many of the factors that put us at risk for dementia.

So there were some obvious things like cigarette smoking and a sedentary lifestyle, you know, not being active. But community, social isolation is a huge component to our risk factors as we age.

And what you described was just the antithesis of social isolated, right? It was having fun and enjoying those years with your peers. And certainly we see that at Mirama.

It is really fascinating. In January of 2022, we had our first COVID case at Marama and by that point it was Omicron and it is relatively mild. We had this patient, a resident, she had a sore throat and of course we figured it out that it's COVID on a Friday afternoon.

But so what we did was we isolated all of the residents from each other. She ended up being the only one who got COVID, and she was totally fine from COVID five days later, which was a relief.

But when we, isolated everyone from, each, other not from caregivers. So they, they continue to eat their organic ketogenic diet. They were still in their non-toxic environment.

they were, still walking, They, were doing brain games. We called it the casita circuit.

Meditation, Community, and Lifestyle Support

so they we're getting their oxygen therapy and their red light therapy, And all, of, the other things, fun things that we do there. But they were isolated from each other.

And what we saw was this radical increase. I think we had three falls in ten days. We don't have three fall in 10 months usually, right? We had 3 falls and 10 days, there was an increase in incontinence.

People couldn't hold their bladder. There was sleep disturbances. There was a measurable reduction in cognitive decline in just 10-days of isolation from their peers.

I never could have designed that experiment, but because it just happened, it blew my mind. And now get this, Jason. It took 10 weeks after 10 days of social isolation from their peers, 10 week until they all got back to baseline.

Just wild. Can you imagine if that's that profound of an experience for just that subset? I mean, obviously COVID was really detrimental in that way and very measurable.

you know, taking that data and that understanding and saying, all right, I'm going to join that bridge club, or I mean, go get to ballroom dancing, and I want to start playing pickleball or whatever it is.

I am going join the book club. Whatever it that you can do to maintain church, right? Spiritual practices, whatever you do maintain those connections.

It's really easy for us to isolate as we get older, especially when it's harder to hear or it harder see where our driver's license gets taken away. I really encourage people to make the extra effort and put time into the building and maintaining and nurturing those social connections.

The other thing you mentioned was the food in these residential care facilities. So more often than not, people move into these facilities and they go downhill.

Their health metrics are reduced. And like you said, they just are kind of waiting to die in some of these places. I have been into places that literally have soft serve on demand.

You can have it at any time of the day. And this is essentially just like help yourself to high fructose corn syrup. It's just wild and mind boggling that we would do this and it comes from a mindset of you've worked hard, you're retired, now you deserve to just indulge and have whatever you want.

I just don't think it's worth it. It's so painful to die that slow death of lots of inflammation, of never brain fog and poor cognitive function and low energy and just the aches and pains that we think are normal aging.

You don' have to go down that path. There are so many things that can do to create vibrant health well into our eighth, ninth and tenth decades. Beautiful.

I think that's a good place to stop. Dr. Heather Sanderson, I know you have your own summit coming up, reverse Alzheimer's, correct? So we'll let people know about that for sure.

So if you're interested, just keep on look out for an email from us and we will let you know when Heather's event

goes live. Where can people find more about your work too?

Yeah, so at Solserre, S-O-L-C-E-R-e.com is our clinic, is the clinical practice, and Marama, M-A-r-a-m- a, Maramexperience. com is where you can find out more about the residential care facility.

And then it's the Reverse Alzheimer's Summit. It's a pleasure. Thanks so much, Heather. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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